

Please type a plus sign (+) inside this box →

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**09/12/01**

<b>UTILITY PATENT APPLICATION TRANSMITTAL</b>		Attorney Docket No	514012000300
		First Inventor	Jerry PELLETIER
		Title	METHOD FOR INCREASING THE PROCESSIVITY OF A DNA- OR RNA-DEPENDENT POLYMERASE AND COMPOSITIONS THEREFOR
		Express Mail Label No	EL 569 177 187 US
<b>CERTIFICATE OF MAILING BY "EXPRESS MAIL"</b>			
Express Mail Label No : EL 569 177 187 US		Date of Deposit: September 12, 2001	
I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. § 1.10 on the date indicated above and is addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231			
<i>Tamara Alcazar</i>			

<b>APPLICATION ELEMENTS</b> <small>See MPEP chapter 600 concerning utility patent application contents</small>		<b>ADDRESS TO:</b> Assistant Commissioner for Patents Box Patent Application Washington, DC 20231																													
<p>1 <input type="checkbox"/> Fee Transmittal Form (e.g. PTO/SB-17) (Submit an original and a duplicate for fee processing)</p> <p>2 <input checked="" type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27</p> <p>3 <input checked="" type="checkbox"/> Specification (preferred arrangement set forth below)           <ul style="list-style-type: none"> <li>- Descriptive title of the Invention</li> <li>- Cross Reference to Related Applications</li> <li>- Statement Regarding Fed sponsored R &amp; D</li> <li>- Reference to sequence listing, a table or a computer program listing appendix</li> <li>- Background of the Invention</li> <li>- Brief Summary of the Invention</li> <li>- Brief Description of the Drawings (if filed)</li> <li>- Detailed Description</li> <li>- Claim(s)</li> <li>- Abstract of the Disclosure</li> </ul> </p> <p>4 <input checked="" type="checkbox"/> Drawing(s) (35 USC 113)      [Total Sheets <u>6</u>]</p> <p>5      Oath or Declaration      [Total Pages <u>  </u>]</p> <p>a. <input type="checkbox"/> Newly executed (original or copy)</p> <p>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed)</p> <p>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting inventor(s) named in the prior application. See 37 CFR 1.63(d)(2) and 1.33(b)</p> <p>6 <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 - 2 pages</p>		<p>7 <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8 <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)</p> <p>a <input type="checkbox"/> Computer Readable Form (CRF)</p> <p>b Specification Sequence Listing on           <ul style="list-style-type: none"> <li>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies), or</li> <li>ii. <input type="checkbox"/> paper</li> </ul> </p> <p>c <input type="checkbox"/> Statements verifying identity of above copies</p>																													
<b>ACCOMPANYING APPLICATION PARTS</b>																															
<p>9 <input type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))</p> <p>10 <input type="checkbox"/> 37 CFR 3.73(b) Statement (where there is an assignee)</p> <p>11 <input type="checkbox"/> English Translation document (if applicable)</p> <p>12 <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449</p> <p>13 <input checked="" type="checkbox"/> Preliminary Amendment - 8 pages</p> <p>14 <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) Should be specifically itemized</p> <p>15 <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)</p> <p>16 <input type="checkbox"/> Request and Certification under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</p> <p>17 <input checked="" type="checkbox"/> Other      Fee Determination Record -1 page</p>																															
<p><b>18. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:</b></p> <p><input type="checkbox"/> Continuation      <input type="checkbox"/> Divisional      <input type="checkbox"/> Continuation-in-part (CIP)</p> <p>Prior application information: Examiner _____ of prior application No: _____ Group / Art Unit: _____</p> <p>For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. This incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.</p>																															
<b>19. CORRESPONDENCE ADDRESS</b>																															
<p><input checked="" type="checkbox"/> Customer Number or Bar Code Label</p>		 <b>25226</b> PATENT TRADEMARK OFFICE																													
<table border="1"> <tr> <td>Name</td> <td colspan="3">Morrison &amp; Foerster, LLP</td> </tr> <tr> <td></td> <td colspan="3">755 Page Mill Road</td> </tr> <tr> <td>Address</td> <td colspan="3"></td> </tr> <tr> <td>City</td> <td>Palo Alto</td> <td>State</td> <td>CA</td> </tr> <tr> <td>Country</td> <td>USA</td> <td>Telephone</td> <td>650-813-5711</td> </tr> <tr> <td>Zip Code</td> <td colspan="3">94304</td> </tr> <tr> <td>Fax</td> <td colspan="3">650-494-0792</td> </tr> </table>				Name	Morrison & Foerster, LLP				755 Page Mill Road			Address				City	Palo Alto	State	CA	Country	USA	Telephone	650-813-5711	Zip Code	94304			Fax	650-494-0792		
Name	Morrison & Foerster, LLP																														
	755 Page Mill Road																														
Address																															
City	Palo Alto	State	CA																												
Country	USA	Telephone	650-813-5711																												
Zip Code	94304																														
Fax	650-494-0792																														
Name (Print/Type)		Registration No. (Attorney/Agent)																													
Signature		Ciotti - 21,013; Monroy - 32,430																													
		Date September 12, 2001																													

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

514012000300

## CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

SMALL ENTITY

OR

OTHER THAN  
SMALL ENTITY

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (37 CFR 1.16(a))		
TOTAL CLAIMS (37 CFR 1.16(c))	27 minus 20	7
INDEPENDENT CLAIMS (37 CFR 1.16(b))	9 minus 3	6
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))		

RATE	FEES	
	\$355.00	OF
x\$9.00	\$63.00	OF
x\$40.00	\$240.00	OF
-\$135.00	\$0.00	OR
		TOTAL
	\$658.00	

RATE	FEES	
	\$710.00	
\$18.00	\$*	
\$80.00	\$*	
\$270.00	\$*	
		TOTAL
	\$*	

\*If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

SMALL ENTITY

OR

OTHER THAN  
SMALL ENTITY

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (37 CFR 1.16(c))	Minus		*
Independent (37 CFR 1.16(b))		Minus		*
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				

RATE	ADDI- TIONAL FEE	
x\$9.00	\$*	OR
x\$40.00	\$*	OR
-\$135.00	\$*	OR
		TOTAL ADDIT. FEE
	\$*	

RATE	ADDI- TIONAL FEE	
\$18.00	\$*	
\$80.00	\$*	
-\$270.00	\$*	
		TOTAL ADDIT. FEE
	\$*	

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (37 CFR 1.16(c))	Minus		-*
Independent (37 CFR 1.16(b))		Minus		-*
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				

RATE	ADDI- TIONAL FEE	
x\$9.00	\$*	OR
x\$40.00	\$*	OR
-\$135.00	\$*	OR
		TOTAL ADDIT. FEE
	\$*	

RATE	ADDI- TIONAL FEE	
\$18.00	\$*	
\$80.00	\$*	
-\$270.00	\$*	
		TOTAL ADDIT. FEE
	\$*	

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (37 CFR 1.16(c))	Minus		-*
Independent (37 CFR 1.16(b))		Minus		-*
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				

RATE	ADDI- TIONAL FEE	
x\$9.00	\$*	OR
x\$40.00	\$*	OR
-\$135.00	\$*	OR
		TOTAL ADDIT. FEE
	\$*	

RATE	ADDI- TIONAL FEE	
\$18.00	\$*	
\$80.00	\$*	
-\$270.00	\$*	
		TOTAL ADDIT. FEE
	\$*	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20"

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3"

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. Burden Hours Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.